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THESIS

A Research Paper
on
Retention of Medical Officers
by
Albert J. Schwab

Thesis
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AN ABSTRACT OF THE THESIS ENTITLED

"RETENTION OF MEDICAL OFFICERS"

An opinion survey was conducted through the media of a mail questionnaire distributed to approximately 280 Navy Medical Officers assigned to two large Naval Hospitals. 181 doctors submitted replies, amounting to sixty-four per cent (64%) of the total.

The doctors were asked several questions about their intentions to remain in the Navy, the various advantages and disadvantages they felt most important to them, comparisons with their civilian contemporaries, and many other facets of their Navy life were explored.

Individual comment was invited, and the response was gratifying. Many suggestions, criticisms, and recommendations were received. These were categorized, tabulated, and statistically evaluated in the thesis. The results were studied and compared with authoritative data in this field from other areas. It was found that most information submitted by the doctors correlated favorably with other data available in this general field.

The overall results of the study indicated that most doctors assigned to Naval Hospitals appeared to like the Navy, but that many intended to leave for purely financial reasons. They felt that the opportunities in civilian practice were too great and too many. Many of those who had not yet made their firm decision about the Navy as a career indicated, however, that a reasonable pay increase, allocated in an equitable manner, would greatly affect their ultimate decision. Other areas mentioned were promotional opportunities, professional practice opportunities, frequent moves, and separation from family.

MANAGEMENT SCHOOL

U. S. NAVAL POSTGRADUATE SCHOOL

MONTEREY, CALIFORNIA

RETENTION OF MEDICAL OFFICERS

A Research Paper

Submitted in partial fulfillment

of the requirements for

a Master's Degree

Submitted by:

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31 March 1961

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RETENTION OF MEDICAL OFFICERS

INTRODUCTION

NEED FOR THE REPORT

There is a serious shortage of career Navy medical Officers. Young and highly trained doctors in large numbers continue to leave the naval service in favor of civilian practice. Concern at Navy Department level has led to research in this area through the auspices of the Navy Management School.

This report is submitted in the hope that useful light will be shed on this important problem.

SCOPE AND LIMITATIONS

The survey described in this report included only active duty Navy medical officers on duty in Naval Hospitals. It was felt that a cross-section of opinion from doctors in the categories of intern, resident, board specialist, and others serving at like medical installations would provide a more realistic and reliable sample for study.

SOURCES OF INFORMATION

The primary source of information for this research paper was the mail questionnaire distributed to 280 Navy medical officers assigned to two large naval hospitals. Personal interviews were also conducted with interested Medical Corps officers. Other sources of information are listed in the bibliography, including other surveys conducted in the area of officer and enlisted retention.

DESCRIPTION OF THE SURVEY

SIZE OF SAMPLE

An average of 3200-3400 medical officers usually are on active duty at all times. By selecting two favorably located West coast hospitals for survey, a sample of approximately eight per cent (8%) of the total was obtained. This is considered a significant sample size in a survey of this nature wherein the problem under consideration is of mutual interest to those concerned.[1]

LOCATION OF SAMPLE

The two medical facilities chosen for the survey are regarded by most Navy medical officers to represent choice shore duty. Among the reasons for this opinion are their desirable geographical location, excellent climate, large size, urban proximity, established training programs, and opportunity for varied types of specialty study.

As a result of the foregoing, it should be kept in mind that responders to the survey are not on dispensary duty, sea duty, independent duty, or in other capacities where facilities for the practice of excellent modern medicine might not be available. An assumption might therefore be made that criticisms voiced by these doctors should not be based on the considerations thus described.

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[1] Brown, Leland, Effective Business Report Writing, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1959, pp. 46-65.

METHOD OF DISTRIBUTION

The writer obtained the generous cooperation and consent of the Executive Officers of the facilities involved in the conduct of the survey. Every assistance was provided, particularly by the Fiscal Officers of the commands concerned, who graciously made the actual distribution of the questionnaires.

One hundred and fifty (150) questionnaires were distributed at one installation, making special effort to reach all interns and residents. In this manner, a stratified sample was sought and obtained.

At the other Naval hospital, one hundred and thirty (130) questionnaires were distributed to mail boxes of doctors, using an alphabetical roster as a means of obtaining random distribution.

Franked, self-addressed envelopes were provided to encourage response. All responses were purely voluntary.

DEGREE OF RESPONSE

Response to the questionnaire was very favorable. Not only did one hundred and eighty one (181) medical officers return their completed questionnaires, but the great majority commented freely and at length on many aspects of the retention problem. Nearly all respondents expressed concern with the doctor problem and most had suggestions to offer concerning a possible solution. The obvious sincerity and careful thought given the replies was most gratifying.

Actual response percentage was over sixty-four per cent (64%). A reliable authority rates a normal response to a mail questionnaire at from two to thirty per cent.[2] As can be seen, the normal

[2] Ibid., page 51.

response was greatly exceeded. The percentage of response was almost evenly divided between the two hospitals. Replies were received from about 1 February through 30 March 1961.

CATEGORIES OF RESPONDENTS

Several categories were established by length of service, status, and degree of training. The following charts describe the categories by response.

Figure 1

CATEGORY	NO. OF REPLIES	PERCENTAGE
Reserve	33	20%
Regular	148	80%
Totals	181	100%

Figure 2

CATEGORY	NO. OF REPLIES	PERCENTAGE
Intern	22	11%
Resident	65	36%
Board Qualified or Certified	82	46%
Other	12	7%
Totals	181	100%

Figure 3

CATEGORY	NO. OF REPLIES	PERCENTAGE
0 - 3 years	63	34%
3 - 10 years	76	42%
11 - 20 years	38	22%
Over 20 years	4	2%
Totals	181	100%

RESULTS OF THE SURVEY

CAREER DECISIONS

The doctors were asked early in the survey regarding their intentions to make the Navy a career. Based on the categories evolved in the previous charts on pages 4 and 5 of this report, the responses were as follows:

Figure 4

CATEGORY	YES	NO	HAVEN'T DECIDED	TOTAL
Interns	2	6	14	22
Residents	19	11	35	65
Specialists	33	32	17	82
Others	4	7	1	12
TOTALS	58	56	67	181
PERCENTAGES	33%	31%	36%	100%

The earlier statistics showed seventy six per cent (76%) of the responders to have ten years or less active naval service. The above figures show that thirty-six per cent (36%) of these doctors have not yet made up their minds about the Navy as a career. Only thirty one per cent (31%) indicate their intentions NOT to remain in the Navy, and later analysis will show that most of these physicians qualified their answer by a statement that certain recommended changes would be instrumental in changing their minds.

CAREER INDUCEMENTS IN NEED OF REVISION

The doctors were next asked to list in order of importance the inducements which they felt most in need of revision in order to make the Navy a more desirable career. The three which they considered most in need of revision in their order of importance were as follows:

Figure 5

ORDER OF IMPORTANCE	INDUCEMENT
Most important	Regular pay
Next most important	Incentive pay
Third most important	Professional practice opportunities

Other inducements listed for the doctors' consideration are shown on the sample questionnaire included in the Appendix of this report. Briefly, they were retirement benefits, promotional opportunities, training opportunities, and prestige as a naval officer. The responder was free to include any other inducement which he felt to be of importance.

GENERAL COMMENTS REGARDING INDUCEMENTS

As noted above, by far the most emphasized inducement was pay, both regular and incentive. With few exceptions, the doctors felt that civilian physicians grossly out-earned them. It should be stated, however, that interns and residents agreed unanimously that Navy pay

in these two areas was better than that offered in civilian life.

Doctors were asked to estimate their earning capacity in civilian practice. These varied from $10,000 to $70,000 per year. Most estimates of earning ability in general practice immediately after internship averaged from $12,000 to $15,000 annually. The board certified specialists estimated their earning capability in civilian life at from $15,000 to $70,000, with most doctors centering in the area of $25,000 to $30,000 net per year. Higher estimates were justified in several instances by citing specific authorities for earning averages in certain specialties.

Other factors singled out for specific criticism and comment were as follows:

1. Dissatisfaction with dependent out-patient care. Several recommendations were made to require a nominal charge for all out-patient visits, thereby reducing visits to bona fide illness or injuries. Greater freedom on the part of the attending physician was also asked. It was alleged that the patient now frequently attempts to dictate to the doctor.

2. Too much paper work. This factor appeared throughout the survey, and is apparently considered by many doctors to be a serious morale factor. Red tape, paper work, and administrative detail all occupy an excessive amount of the busy doctor's time. More and better clerical and ancillary medical help were recommended. Too frequent transfer of qualified paramedical assistants was cited frequently. Excessive authority in purely medical areas by Medical Service Corps officers and Chief Nurses was mentioned in three instances.

3. Working out of specialty. The misuse of a specialist at one activity while another activity is shorthanded in that specialty is cited. Particular emphasis was placed on the requirement to work out of specialty on a part-time basis, such as in dependent's clinics.

4. More attendance of professional meetings. This factor was repeatedly mentioned, particularly by the specialists. Recent fund limitations have greatly curtailed this highly desirable program. Present pay prohibits or severely limits one's ability to attend professional meetings at own expense. At least one major meeting annually was suggested at government expense.

5. Availability of quarters. Several comments regarding difficulty in obtaining government quarters or adequate civilian housing were noted. More quarters were suggested for key billets.

6. Better teaching programs. Increased use of outstanding civilian consultants and more selective choice of military instructors was recommended in several instances.

7. Lack of prestige. This was mentioned in conjunction with the Navy doctor's association with his civilian contemporaries. It was alleged that in many cases the Navy doctor is relegated to an inferior role in his professional contacts with civilian physicians. Public education in this regard was strongly urged. Also, more training for Navy doctors was suggested.

8. Inequitable promotional policies. In conjunction with pay, promotion received much comment. Many doctors felt that the present system represented an automatic advancement solely dependent on

seniority. They suggested that promotions be granted on the basis of individual initiative, knowledge, advanced training, and contribution to the job, rather than on the basis of seniority.

9. Restrictive financial budgets. Many doctors criticized the lack of funds for needed medical equipment and for upkeep and preventive maintenance of the activity. They considered this to be a serious morale factor.

QUOTED COMMENTS REGARDING INDUCEMENTS

In order to present factual and authentic opinions, several representative comments reflecting the general tenor of the responses are quoted herewith:

"Board certified military physicians should earn an additional $3000 per year incentive pay as do physicians in the Veterans' Administration."

"I believe a board qualified specialist should earn at least (gross) $25,000 to $35,000 per annum. A physician spends at least eight years of his training in college for his medical degree. He incurs a large financial burden for this tuition, etc., and, of course, receives no income. His hours are long, irregular, and his longevity is much below that of the average layman."

"Pay is not commensurate with civilian practice, especially once one is board certified and has had some experience. However, I realize that further pay benefits would only create greater disparity with the Line, who also point to their specialties, even though the post graduate educational years without income (as during medical school) are not the same."

"I feel that pay of medical officers must be kept in close alignment with opportunities in civilian life. However, I also feel that most medical officers do not know enough about the Navy. I do not feel that rapid promotion is the answer to increasing pay because the medical officer is confronted with responsibilities about which he has little knowledge."

"Recognition of professional training and experience in regard to opportunities for advancement rather than the strict seniority system utilized at present (e.g., I deeply and openly resent the fact that my rank and an intern's are the same despite five year's difference in experience and qualifications)."

"I feel therefore that the Navy doctor ought to be paid what he could get on the outside (net return), that retirement should be left to him to plan for and not be given as a fringe benefit. Thus the line could continue in this practice, but the doctors would have to plan for their own futures. Incentive pay should include more realistic ideas, such as increases in pay for those who get their boards, those who are in charge of teaching programs, and those who volunteer for posts which are not particularly attractive. Positions should not be granted because one is 'due for a change in duty station' or on the basis of rank alone, but rather should be based on the man best qualified for the position as evidenced by his past deeds and his training and experience."

"Incentive pay should also be based on professional attainments and responsible positions held. A chief of service, for example, should

be paid more than one of his staff men with equal rank and time in service."

"Pay-wise, we could stand some revision. Additional pay for specialty certification and for difficult duty assignments (the kind we all wish somebody else gets) would be a beginning!"

"It is damaging to pay doctors according to the time span from graduation. Doctors, by nature, are individualistic, and are most motivated by challenge. To pay on a cold, all-included scale produces the greatest injustice to the most productive and imaginative doctors. One soon learns a minimum level of performance is all that is required for promotion. This cheapens the rank advancement. It breeds mediocrity and indifference."

"Monetary return, although far from comparable with civilian practice, is not the biggest advantage of private practice -- it allows you to practice medicine as you think it should be without endless administrative obstruction. I would suggest removing all rank and stripes from doctors (and just retain the designation 'doctor'), and place them on a graduated civil service-like GS pay scale with promotion on the basis of proven ability, skill, and specialty certification. And not on time in grade."

"A doctor should be promoted on merit - not seniority."

"Promotional opportunities should be revised to reflect individual professional worth to the Navy on the basis of specialty training, individual merit, etc., and not solely on the basis of seniority. As an example, a 35 year old specialist in civilian life commands more income than a 50 year old G.P. This is pure supply and demand, and

should be as applicable to military medicine."

"Navy medical practice offers unusual opportunities for teaching and for learning. Our facilities are usually excellent, yet there is an apparent disregard and obvious poor planning in the utilization of facilities and personnel. The Navy could have research and teaching facilities that could be the envy of the medical world. This should be the rule, not the exception."

"The insistence that a trained specialist should function part-time in a dependent's clinic is absurd, poor medical practice, and detrimental to the kind of patient care enlightened patients have come to expect."

"A specialist should be allowed to continue to practice his specialty without the prospects of increasing numbers of administrative duties to the point at about 15 year's service when duties are almost entirely administrative."

COMPARISON WITH CIVILIAN PHYSICANS

Responses to the request for comparison of life in general as a civilian physician with that of a Navy doctor were profuse and vigorous, even though such factors as retirement benefits and training opportunities were to be given special consideration. A statistical evaluation of the responses is shown in Figure 6.

All categories replied in about the same proportion as shown above, indicating a general agreement between groups. A few of the responses in this regard are quoted for information:

Figure 6

RESPONSES	NUMBER	PERCENTAGE
Civilian compares unfavorably	39	22%
Civilian compares favorably	123	68%
Don't know	19	10%
TOTALS	181	100%

"Few physicians ever retire -- hence retirement benefits are little reason to select a military career. Opportunity for educational advancement is far less than in civilian life. The ancillary administrative duties that are unrelated to medicine and patient care are time consuming and fruitless. There is no opportunity in a broad sense to develop identity with the community and to establish a reputation for personal excellence."

"The average civilian physician earns much more salary-wise, and can provide for a better retirement plan much sooner (than 20 years). Frequent moves, duty in remote areas, with or without family, are also disadvantageous factors."

"Military retirement is good. Training opportunities are excellent. Free time to spend with your family is one factor that civilian practice cannot offer."

"The civilian is his own boss, not a number in the Bureau to be shifted every four years. He is a leader in his community and his status is, in part at least, based on his deeds and not on the stripes

on his sleeve. He is paid enough to educate his children as he feels required to do, and has the freedom to plan his own retirement -- it is not a benefit used to keep him around for 20 years. Also, and very important, he can continue to practice medicine until his dying day, rather than find out at age 55 he either gets into an administrative post and quits active medical practice, or he is 'retired' from the Navy, as the only high medical positions in the service are administrative ones."

"Our civilian 'running mate' is much better rewarded for his efforts monetarily, and in patient appreciation. Furthermore, he becomes established in a community and enjoys the respect and benefits commensurate with his responsibility in that community. As he grows in experience and reputation, his services reap richer rewards and justify his efforts. In the service, we all too often have only our personal satisfaction in a service rendered well. Too often, this service is poorly appreciated (if at all) by the patient, who considers it 'his due' without regard for the doctor."

DISADVANTAGES IN THE LIFE OF THE NAVY DOCTOR AND HIS FAMILY

Several factors commonly regarded as representing the biggest disadvantages to the career service man were listed for the doctor's perusal, and he was asked to indicate which he felt presented the greatest disadvantages to himself and his family. The three most severe factors are noted as follows in figure 7.

Other factors listed for the doctor's consideration were poor career planning, lack of professional freedom, and poor promotional opportunities. They were also free to indicate any other factors they felt pertinent. While all the factors were considered to be disadvantageous, the

Figure 7

ORDER OF SEVERITY	DISADVANTAGE
Most severe disadvantage	Insufficient pay
Next most severe disadvantage	Separation from family
Third most severe disadvantage	Frequent moves

three listed in Figure 7 received more votes by far as most affecting the life of the Navy doctor and his family.

Representative comments in this regard are quoted herewith:

"Acknowledge board certification with extra pay. Acknowledge professional competence with more rapid advancement. Fewer doctors and more MSC officers to relieve the doctor of administrative matters. Remove the odium of rank from the physician."

"Make doctors unranked professional men, retained on the basis of professional merit and paid accordingly. Do NOT insure regular, predictable promotions based on a graduation date. Retire men when they cease to be useful, whether it is at 12/20 or 20/20 of retirement span."

"The concept of promotion and pay according to merit is no new idea to Navy Line, and I believe they, too, would like this to apply to specialists in their fields of engineering, planning, etc."

"By reason of our duties, we spend long hours away from our families to begin with, barring long term separation by sea duty. The Navy pay system and planning provides (as does Social Security) for a maximum of three children. Any medical officer with more than three children

is at an immediate disadvantage pay-wise, quarters-wise, etc. In any move, he comes out the loser financially and has to pay exorbitant prices for housing. Any separation works a real hardship on a larger family. Some consideration to the man with a large family should certainly go a long way towards keeping me happier."

"Pay should be higher and incentive pay made more realistic."

"Frequently moves are made which cause two or more persons to exchange duty stations when none of the personnel involved desires to change. Personnel should be moved often enough to insure the needs of the service and to relieve personnel in less desirable billets. Keep families together as much as possible. Pay will keep medical officers in the service if they are so inclined. Lack of adequate pay will drive them out."

"I believe this disadvantage - spearation from family - is currently being minimized as much as possible by longer tours of duty, etc., but do consider it the main disadvantage of the service when it does occur."

"Increase salary - especially for man with specialty training. Overseas billets should be more of a voluntary nature on individual choice rather than involuntary assignment."

"Incentive pay proportional to civilian contemporaries with similar responsibilities. Promotion on basis of ability rather than seniority. Increased educational opportunities. Relative permanancy of duty stations. Increased administrative, clerical and associated medical personnel."

AUTOCRATIC TREATMENT

The medical officers were asked to indicate whether they had

experienced autocratic treatment or lack of understanding in their dealings with non-medical officers. They replied as follows:

Figure 8

AUTOCRATIC TREATMENT	REPLY
Yes	75
No	101
Don't know	5
TOTAL	181

Of those replying "Yes" the following responses were received regarding the effect on their decision to stay in the Navy:

Figure 9

EFFECT ON DECISION	NUMBER
Did effect decision	22
No effect on decision	45
Don't know	8

The question regarding autocratic treatment was inserted to provoke comment. Two reactions predominated in the affirmative responses. One specified that such treatment from non-medical officers was rare

and was mostly confined to non-autocratic, subtle manipulations to influence the doctor's thinking as regards the patient. The other reaction indicated more frequent autocratic treatment from senior medical officers than from non-medical officers.

REPLACEMENT OF NAVY DOCTOR BY CIVILIAN PHYSICIAN

The doctors were next asked to comment on the possibility of the Navy doctor being successfully replaced by civilian physicians. Replies were received as follows:

Figure 10

REPLY	NUMBER
Could be replaced successfully	40
Could NOT be replaced successfully	119
Don't know	22
TOTAL	181

As shown above, the great majority of replies rejected the possibility of civilians replacing military. In those who thought the idea would work, the almost universal qualification was included to restrict the plan solely to dependent's care and to physical examinations. Those rejecting the plan based their answer primarily on the difficulty in obtaining civilian physicians to work for Navy pay, and upon the reluctance of civilians to accept the travel and sea duty requirements inherent in military life.

REASONS FOR REMAINING IN THE NAVAL SERVICE

Figure 11

REASONS FOR REMAINING	REPLY
To complete obligated service for training	94
To complete obligated military service	58
Because I like the Navy	69
Because I feel its overall benefits are to my advantage	55
Don't know	1
For other reasons	16

Since more than one reason was checked in many instances, the totals do not add up to 181. The primary items checked were the two types of obligated service, since the majority of replies were received from interns, residents, and Navy trained specialists. It is interesting to note, however, that 69 doctors showed a liking for the Navy, and an additional 55 remained because of the overall benefits involved. Considering that 76% of all responders have less than 10 years service, this is considered to be a very favorable indication of career motivation. Further, the resident and specialist categories marked these two factors in much greater proportion than did the others.

In commenting on their reasons for answering as they did, many respondents indicated their appreciation for the training received in the Navy. Many also stated that the problem of insufficient pay was

instrumental in their decision to leave when obligated service was completed. Several doctors commented on the excellent retirement plan, and on travel opportunities. The Senior Medical Student Program was favorably discussed by several interns. Other interns stated that acceptance for residency training would influence their ultimate decision on a Navy career. The response by residents was almost universal in that they felt that the well-paid Navy residency was far superior to the civilian training program. Numerous doctors stated their liking for the Navy as a whole, but their intention to leave for purely financial reasons.

GENERAL OVERALL COMMENTS ON THE SURVEY

At the conclusion of the questionnaire, the doctors were invited to present their comments, opinions, or recommendations concerning workable revisions to the Navy Medical Officer career program. Most of the comments were reiterations of earlier statements, emphasizing the particular factors which each one felt of prime importance. Representative replies are quoted herewith for information and interest:

"I enjoy many things about the Naval service and wish some changes could be made to make it more tolerable. I think increasing the pay, making more funds available for lower ranked officers to travel and take courses would make the Navy better."

"If 20 year retirement were removed, or made mandatory to 30 years, I'd never recommend a Navy career to any young officer."

"My recommendations are simple to make and probably impossible to get. With more pay (and that doesn't mean an enormous increase) and a guarantee I could retire after 20 years I would gladly stay. I now

have 16 years in, and plan to get out for financial reasons. I feel that if the Navy wants a Medical Corps second to none, as they advertise, they are going to have to pay for it."

"It is disheartening to be in a hospital where finances are so stringent that it has passed the stage of 'economy' and has become a process of steady, rapid deterioration of facilities because of financial strangulation."

"An added thought. Make military scholarships available. This will be the same as a pay raise for those with many children and with over 20 year's service."

"Again I would like to say that pay is more important than rank. The only desirable feature for most medical officers about rank is the increase in pay. Seniority does not make a better physician or a more devoted career officer."

"I truly believe the answer is not to take civilian doctors and try to make Navy doctors out of them, but rather to train the Navy doctor from start to finish and pay him an equal stipend as his civilian counterpart. For this purpose, I would set up a service (Army, Navy, and Air Force) Medical School program, with faculty to be initially a combination of civilian and service men, but eventually to be primarily staffed by service doctors."

"Increased pay for all medical officers. Incentive pay for Board certification. Promotion on basis of ability, knowledge, and performance rather than on seniority."

"Inculcating the premise in medical officers, line officers, and enlisted men, and in our dependents, that we offer them the best in medical service - and in fact, in spirit - will enhance our present

program and result in a select corps of medical officers culled from an over abundance of applications. This, of course, must be accompanied by improving the rewards, monetary and other, of the conscientious medical officer according to his training, service, and experience."

"It is my opinion that the Naval Medical Corps will face within the next five to ten years a personnel crisis, particularly in certain specialties. This will come about because of the retirement of the vast number of highly experienced medical officers who entered the service during World War II. In addition, there are many young medical officers who are nominally regulars, but who are interested only in completing their obligated time which they incurred as a result of training. There very likely will be a large number of such young men leaving the Navy Medical Corps at the same time the older Captains are retiring. I would feel, therefore, that a very determined effort will be necessary in order to preserve a medical corps with sufficient experienced doctors to give the excellent medical care which the Navy must have. To make the Naval Medical Corps a career sufficiently attractive to hold young men in for at least twenty years will be an expensive project. However, I would feel that in our democracy whatever expenditures for defense must be made, will be made. Certainly, the present practice of drafting physicians for a two year tour of duty is most unsatisfactory and, of course, such men do not provide the nucleus for career officers who are necessary at posts of higher responsibility.

With the rising population and expansion of research and health facilities in the U.S.A. there are fantastic opportunities for physicians in private practice, group practice, academic work, and in the

Public Health Service. We must compete with these opportunities and compete successfully. A new and expanded program for medical officers is imperative. Those of us who love the Navy and understand its important mission feel that some measures must be taken, on a continuing basis, to maintain a regular professional Medical Corps, which is the only way the Navy medical needs can be met."

ANALYSIS OF THE SURVEY

PRIME CRITICISMS

Two factors appear throughout the survey as the reasons that doctors leave the service. The first of these, and by far the most important, is pay in all its forms. There is no doubt that the Navy doctor sees his financial status as falling short of his comparable civilian contemporary. The other factor is the disadvantage of frequent moves and separation from family. Most doctors felt this to be a problem inherent in military life and hoped that it could be minimized as much as possible.

The other comments covered a broad spectrum of Navy life, including inequitable promotional opportunities, lack of professional freedom, loss of prestige, non-availability of quarters, inability to attend professional meetings, working out of specialty, dissatisfaction with dependent care, too much paper work, inadequate facilities, inadequate teaching programs, and lack of research facilities. These criticisms, except in specific restricted categories, appeared to be an aftermath of the major complaint - LOW PAY. Would it be beyond the realm of possibility to assume that many of these other criticisms are fundamentally related to the pay factor? For instance, take the element of prestige. The fact that the lesser paid Navy doctor frequently finds himself unable to maintain the same social and living standards as his civilian contemporary may well lower his prestige in his own eyes. His related financial inability to attend professionally desirable medical meetings could enhance this lack of prestige factor.

Realignment of pay to a level reasonably comparable to the civilian physician might also tend to allay the criticism regarding promotional opportunities in two respects. Firstly, promotions appear now to be desirable primarily for their attendant financial rewards. Pay adjustments would help to minimize this factor. Secondly, an incentive pay system based upon individual initiative, increased knowledge, and added responsibility would tend to reduce the importance of seniority, which appears to be the aggravating element in this instance.

Living conditions and availability of quarters appear to hinge in large measure upon the doctor's inability to afford adequate family housing in his various assignments. Pay adjustments should assist in removing this obstacle.

Correction, at least to some degree, of the factors above would encourage the retention of many of these highly qualified doctors, who would provide the continuing nucleus of highly trained and dedicated professional men available for future staffing and training functions of the Navy Medical Corps.

While most of the doctors considered the Navy retirement benefits to be highly desirable and to constitute a major incentive in a Navy career, a sizeable number felt that this advantage could be offset in civilian life by the increased financial opportunities. Of even more significance, several doctors expressed the view that doctors seldom actually retire and that a full and unrestricted life in the practice of medicine was their ultimate objective.

Morris Janowitz posed a most thought provoking question when he pondered the ability of a country such as ours to run a military organization over the long run motivated purely by monetary incentives.[3] He felt that monetary rewards might work most effectively for those officers engaged as military technologists. In this respect, his views appear to corroborate the results of this study.

The charge was frequently levelled that Navy pay had not kept pace with civilian increases, and that the service pay increases lagged far behind the cost of living increases for the nation as a whole. Many doctors supported this charge with statements of earning capacities of their contemporaries in civilian life. Other studies in this area appear to corroborate this view.[4]

HUMAN RELATIONS FACTORS

Research in the field of human relations has shown repeatedly that normal human beings seek satisfaction of three essential needs once the basic physiological needs have been fulfilled. These three needs are the desire for recognition, or feeling of belonging; a sense of responsibility and accomplishment; and lastly, a knowledge of fair and consistent discipline.[5]

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[3]Janowitz, Morris, The Professional Soldier, The Free Press, Glencoe, Illinois, 1960. Page 422.

[4]Miller, Herman P., "Annual and Lifetime Income in Relation to Education", 1939-1959, American Economic Review. December 1960, pp. 962-986.

[5]Pfiffner, John M., The Supervision of Personnel, 2nd Ed., Prentice-Hall Inc., Englewood Cliffs, N. J., 1958, Chapter 14.

The response by the doctors indicates in many instances their feeling of being over-looked, under-paid, and neglected from the standpoint of professional dignity and standing in the community.

An added thought in this regard is that the peacetime atmosphere of today's Navy, is difficult for the young Navy doctor to visualize his true contribution to the military service as a whole. Most of the doctors questioned work in a near civilian-type atmosphere of treating dependents and retired personnel. Their contact with military personnel is largely restricted to the treatment of the illnesses and injuries commonly experienced by healthy young men and women in every-day living. Under these circumstances, the doctor feels himself detached from the real Navy and its worthwhile aims and goals. On the other hand, the doctor who has served at various line activities and aboard ship sees his part in the overall organization and absorbs an understandable pride and sense of importance in his role in the military service.

While it is difficult to assess the doctor's reaction to sea duty itself, since many of those questioned have not yet served aboard ship, the comments of those who have served indicate that they considered the experience a rewarding one in most cases. Criticism of sea duty were limited to the restricted ability to practice medicine in its highest form on a full time basis, and the necessary though understandable separation from more rewarding hospital-type practice. As a whole, however, the doctors who had served aboard ship and at line activities appeared to possess a more real appreciation of their role in the Navy and to like the Navy to a greater degree than did the other group.

PRESTIGE

To analyze further the criticism regarding lack of prestige in the service, an eminent authority in the field of human relations comments on the peculiar attachment of prestige to positions of hospital management or dean of medicine at medical schools, regardless of the personal professional qualifications of the physician himself.[6] Serious problems are encountered when the highly qualified civilian physician must choose between active practice of medicine and prestige-laden administrative posts. This problem is doubly serious in the Naval service when the senior medical officers desirous of further promotion must decide whether or not to minimize further practice of medicine in favor of administrative billets.

Another prominent writer in this field has stated that in the military service, only the medical and law professions find their direct counterpart in the university community.[7] This perhaps lends credence to the Navy doctor's comments regarding loss of prestige, since he can, more so than the rest of us, identify his civilian counterpart and draw a reasonable comparison therefrom.

The problem of public education in the importance of our military services is a serious one. A valuable psychic income is lost to many in the services through lack of understanding and appreciation of the rewards of public service. This lack of understanding is in many cases

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[6] Pfiffner, op. cit., pp. 428-430.

[7] Janowitz, op. cit., page 433.

imparted by an uninformed or misinformed civilian populace. Improved community relations and an intensive campagin in inculcating within the American people an appreciation of the high ideals and purposes of the Navy would very likely prove instrumental in the enhancement of prestige for all naval personnel.

As an indication of the high regard in which the physician is generally held by his fellow man, the results of a recent survey of adults and students indicated the preferences shown in Figure 12. There is no question as to the prestige factor attached to the profession of physician. The classification and payment of this highly regarded profession on the same relative scale, even considering the present incentive pay system, with other occupations is perhaps an underlying reason for the feeling of loss of prestige on the part of the Navy doctor. Perhaps being regarded primarily as a naval officer and secondarily as a physician is another factor. In the writer's personal association with this eminent and admirable group over a period of many years, it has been the virtually unanimous preference of the Navy doctor to be called by his professional title rather than by his military title, regardless of rank.

All of these considerations seem to apply their subtle pressures on the Navy medical officer as he strives to make his personal decision regarding the Navy as a career. Unquestionably, this is a serious and immediate problem deserving of our utmost and sincere attention.

Figure 12

Public Prestige of the Military Profession, 1955:
Esteem Relative to Other Occupations

National Adult Sample	Male Teen-Agers
1. Physician	Physician
2. Scientist	Scientist
3. College Professor	Lawyer
4. Lawyer	College Professor
5. Minister or Priest	OFFICER IN ARMED SERVICES
6. Public School Teacher	Minister or Priest
7. OFFICER IN THE ARMED SERVICES	Radio or TV Announcer
8. Farm Owner	Public School Teacher
9. Carpenter	Farm Owner
10. Mail Carrier	Owner of Small Store
11. Bookkeeper	Carpenter
12. Plumber	Garage Mechanic
13. Radio or TV Announcer	Bookkeeper
14. Owner of Small Store	ENLISTED MAN IN ARMED SERVICES
15. Garage Mechanic	Mail Carrier
16. ENLISTED MAN IN SERVICES	Plumber
17. Truck Driver	

[8] Ibid., page 227

DIFFERENCES IN CATEGORIES

The interns rated pay as much less a factor than did the other categories. They were in almost complete agreement that the Navy's internship program was an excellent one, particularly in the matter of pay. Some criticism was directed toward the teaching programs and wider use of qualified civilian consultants was recommended. Better utilization of qualified Navy specialists in the Navy training program was also suggested.

Many interns commented on the excellence of the Senior Medical Student Program. It was the writer's privilege to personally observe this program in action aboard ship during a two month summer cruise. During this period, six young Medical Ensigns (Senior Medical Students) participated actively in all phases of shipboard life and observed at first hand the operating forces in action. Without exception, at the conclusion of the cruise, they expressed pleasure and satisfaction with their experience and felt that it has provided them with a rewarding insight into real Navy life. They felt that their future understanding of Navy patient care in hospitals would be much improved and that the treatment they rendered would undoubtedly now be conditioned by their new-found knowledge of the importance of the patient's life work.

Residents were also generally appreciative of the Navy training program, but felt that their future earning capacity could not be matched by the Navy. Many stated that a reasonable increase in pay would keep them in the service.

Corroboration of the intern and resident high opinion of the Navy training programs is offered in a recent release by the American Medical Association.[9] The report stated that 176 internships were offered in 14 naval hospitals in 1959-1960. The internships were completely filled, while other non-federal and civilian hospitals had vacancies. This same authority cites the fact that 94% of all Navy residencies offered were filled on 1 September 1959. Only 23 of 369 residencies were vacant. This figure represented the highest percentage of all residencies filled in federal, non-federal, non-government, and proprietary hospitals in the United States. In this regard, it is interesting to note a recent Defense Department announcement calling for a draft of 250 doctors for the Air Force.[10] The special call was made necessary by the failure of this year's intern group to volunteer for active duty in sufficient numbers to meet the military medical requirements of that service, according to the announcement.

Specialists were particularly critical of being worked out of their specialties, as well as of the inequity in pay compared to their civilian contemporaries. They, as well as other categories, felt that additional pay for advanced training or board certification was indicated. The Veterans' Administration program of extra pay for higher qualified doctors was recommended by several doctors. Emphasis on individual

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[9] Report by Committee on Education, American Medical Association, Journal of American Hospital Association. November 16, 1960, pp. 17-20.

[10] The Monterey Peninsula Herald, March 16, 1961, p. 12, col. 4.

ability, knowledge, and overall contribution to the service was heartily recommended.

Of interest, perhaps, at this point is a recent Department of Defense Directive outlining a proposed DOD financial program based on activity level cost-based budgets.[11] Among other things, this program will require each command by Fiscal Year 1963 to budget for its military payroll as well as for presently budgeted items. The implications here are tremendous. This means that each doctor, for example, will have to be budgeted for in advance. If a highly trained specialist is utilized unnecessarily in a routine type billet an undue expense will be incurred. This new requirement tends to support the specialist's contention that he should not be worked out of his specialty. The need for proper and careful assignment of physicians where they can do the most good for the most people will receive even more emphasis in the Navy than heretofore.

The repeated suggestions in favor of pay based on individual accomplishment and contribution to the naval service are similar to those suggested by proponents of the "position concept" of compensation.[12] Present military pay is based on the "personal rank concept", which assigns pay to the individual regardless of type of work or assignment. The position concept stresses rating the job and then assigning a salary to the incumbent commensurate with the job responsibilities and requirements. Through this concept, a physician occupying a job requiring advanced training or excessive responsibility

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[11] Department of Defense Directive 7040.1, of 29 May 1959.

[12] Stahl, O. Glenn, Public Personnel Administration, 4th Ed., Harper and Bros., New York, 1956, pp. 174-182.

could be assigned extra pay. This is in keeping with the present trend in the military service of granting "responsibility pay" for jobs requiring an undue burden of responsibility, such as command billets. Another trend in this direction is the payment of "proficiency pay" to enlisted men who possess unusual ability or training in their chosen field. Still another possible solution to the pay problem might be the use of outstanding or incentive awards, such as are now granted to federal civil service personnel. Monetary rewards could be made for specific acts of achievement, for sustained superior performance, and for outstanding performance of duty. Present regulations preclude this type award to military personnel.

Finally, a method of determining equitable pay for doctors might be to use the comparable civilian market as a guide, as is currently done in determining the ungraded federal civil service pay. Ranges of salaries also could be established, based on technical competence as well as on seniority.

SUMMARY AND CONCLUSIONS

SUMMARY

The survey elicited excellent response from over sixty-four per cent (64%) of the 280 doctors included. Replies were sincere and were obviously given much careful thought in their preparation. Many criticisms, suggestions, and possible recommendations were submitted for consideration.

The doctors were heavily in favor of increased pay, more equitable promotional policies, less separation from family, and fewer moves.

The overwhelming majority of doctors indicated that a reasonable increase in pay could greatly influence their decision to remain in the Navy. Great emphasis was placed on special incentive pay for board certification, extra responsibility, and for jobs of special importance to the naval service.

A large percentage of respondents (36%) indicated that they had not yet definitely made up their minds on the Navy as a career and were open to further consideration of the subject. On the other hand, of the twenty-three Board qualified or certified reservists that replied, all but one indicated their decision not to make the Navy a career. Financial reasons as well as professional practice opportunities were given as justification. Being worked out of their specialties was also given as a consideration.

The vast majority of respondents indicated inadequate pay as the prime disadvantage of the Naval service, not only to the doctor, but to other service members. The emphasis on additional pay for individual

ability, rather than for seniority was apparent throughout. Promotion was also criticized as too automatic until the highest rank levels were reached, and then too dependent on administrative rather than professional abilities.

Comparison with civilian physicians invariably brought mention of better pay, greater freedom of practice, no involuntary moves or separation from family on the part of the civilian physician. On the other hand, many doctors discussed very favorably the Navy advantages, listing such factors as excellent retirement benefits, security, good working hours, more time with family, better training programs, and service to the country.

While frequent moves and separation from family were stressed as serious disadvantages, most docotrs readily agreed that these factors were inherent in military life and could be tolerated under certain conditions. Reducing transfers to a reasonable minimum and extending tours of duty as long as possible were offered as possible corrective measures.

Residents and interns were almost unanimously agreed that the Navy training programs provided much better pay than did comparable civilian functions in this area. Most felt that Navy training programs were excellent in content, although several did mention a need for more highly qualified civilian consultants. Most residents and interns were amenable to the Navy as a career provided the pay was increased.

A major disadvantage cited by a large number of doctors was the lack of professional freedom, or professional practice opportunity.

Under this category appeared such factors as specialists being worked out of their specialty or not being fully utilized in their specialty field; working with a lack of needed equipment due to financial restrictions; and inability to attend professional meetings at government expense.

The suggestion that the Navy doctor could be replaced by civilian physicians met with heavy opposition. Those supporting the premise invariably qualified their response to include only such services as physical examinations, dependent's clinics, and medicare programs.

Several criticisms were received regarding dependent care. Suggestions were received recommending the charge of a nominal fee for out-patient treatment on the part of the dependent. It was alleged that such a charge would reduce overcrowding and permit better medical care of the bona fide illness or injury.

Public education in the appreciation of military medical care was urged. A better understanding of medical rights and benefits, coupled with an indoctrination of the high type medical care practiced in naval medical facilities, would result in better relations between patient and doctor as a whole.

In reply to the question regarding autocratic treatment, most doctors brushed this aside with the exception of such minor instances where attempts to influence medical decisions in a non-autocratic manner did occur. Several comments were made concerning autocratic treatment from senior medical corps officers, however. The majority of such comments came from doctors enrolled in one of the training programs.

Reasons given for remaining in the service were primarily to complete obligated service for training received or to comply with military obligations. This is to be expected since so many of the respondents were in or had recently completed Navy training. It was interesting to note, however, that many of these doctors also indicated their liking for the Navy and recognized its overall benefits to them. Here again, most of the doctors concluded their remarks with comments on the need for more pay to be allocated in a more equitable manner.

Finally, seventy-six per cent (76%) of the doctors replying to the questionnaire had ten years or less naval service. Of these, less than one-third indicated their intentions not to remain in the Navy, and only three of this group did not qualify their answer by a statement that certain changes, namely in the area of pay, would be instrumental in changing their minds. The three doctors who stated firmly their intention not to remain in the Navy under any condition did so on the grounds that military life in itself was intolerable to them.

CONCLUSIONS

The following conclusions are drawn and presented in two parts as a result of this study:

PART A:

(1) The physicians responding to the mail survey provided sincere, carefully thought-out, and well documented replies. Criticisms were usually followed by an explanation and by possible suggestions for correction.

(2) The overwhelming majority of Navy doctors sampled indicated that correction of pay inequities would favorably influence them in making the Navy a career.

(3) Insufficient pay is unquestionably considered by the doctors themselves to be the greatest disadvantage in military life.

(4) Most doctors felt that the civilian physician possessed advantages, primarily financial, over the Navy medical officer. Other advantages cited were greater professional freedom, fewer moves, and less separation from family. This conclusion is supported by a recent study now under consideration in the Department of Defense.[13]

(5) Most doctors were in general agreement that both regular and incentive pay should be based on the initiative, ability, advanced training, knowledge, and individual contribution of the doctor.

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[13]"AF, Navy Face Crisis as Officers Leave", Army, Navy, Air Force Register and Defense Times, Vol. 82, No. 4203, 11 February 1961. pp. 11-12.

(6) De-emphasis of the seniority factor was stressed in promotion and in pay.

(7) Fewer transfers and longer tours of duty were suggested, although the majority of doctors felt that this problem was inherent in military life and could be tolerated under favorable financial conditions.

(8) Promotions based on more consideration of individual accomplishment and achievement, knowledge, training, and overall contribution to the naval service, rather than on time in service and in grade were recommended throughout the study.

(9) Too frequent separation from family was stressed as a major disadvantage to the Navy doctor and his family. The ability to accompany the husband overseas whenever possible and careful assignment of the family man were suggested.

(10) Several doctors expressed the hope that better control of dependent medical care could be established. Suggestions that nominal charges be assessed for out-patient visits were received. Overcrowding and understaffing would be minimized and better medical care could be provided the bona fide medical or surgical case.

(11) Many specialists expressed dissatisfaction with being worked out of their specialties. Special comments were directed toward undesirable assignments in dependent clinics, on a part-time basis where lack of interest and unfamiliarity with dependent medicine produced unsatisfactory results, both for the physician and the patient.

(12) Prestige was considered by many to be low for the Navy physician. Financial increases and less emphasis on rank, with

greater emphasis on professional status, were suggested as possible corrective measures.

(13) Replacement of Navy doctors by civilians was rejected by most of the doctors. Nearly all of those supporting the possibility of replacement qualified their answer to include only physical examinations, dependent care, and the Medicare Program.

(14) Of the less than one-third who indicated their decision not to remain in the Navy, only three doctors indicated specifically that a dislike for military life was the prime reason for leaving. Most others indicated that greater financial opportunities in civilian life was their main reason for not staying in the service. Other lesser regarded reasons were too frequent moves, separation from family, and restriction of professional freedom.

(15) Of the twenty-three Reserve specialists who replied to the questionnaire, all but one were included in the group deciding not to make the Navy a career. Reasons were primarily financial in nature.

(16) Most interns were profuse in their praise of the Navy internship program, and also of the Senior Student Medical Program. The favorable pay factor was given most attention. Only six of the interns had definitely decided to get out of the Navy, while twelve were still undecided. Several in the latter category indicated that their acceptance into a residency training program would greatly influence their future decisions.

(17) Residents were also most appreciative of the Navy Residence training program from a financial as well as from a teaching standpoint.

(18) Budgetary limitations on maintenance, station upkeep, and procurement of needed medical equipment were cited as demoralizing factors by many doctors.

(19) The requirement to accept administrative positions and leave the active practice of medicine in order to qualify for promotion to the highest rank was criticized.

(20) Retirement benefits were generally considered to be most favorable, and to present a real incentive to a Navy career. A few respondents regarded them as a "lure" rather than a benefit, however.

(21) Inability to attend professional meetings was cited repeatedly by many doctors. Most felt that they should be permitted to attend at least one major medical meeting each year at government expense. This was felt to be a prestige factor as well as one influencing professional practice.

(22) Several suggestions were reached in the area of expanded research facilities in Navy medical facilities. It was felt that improved training would be achieved by this means.

(23) Non-availability of quarters or of adequate family housing was stressed in many instances. More quarters for key billets, or increased quarters allowances were suggested.

(24) Forty-five per cent (45%) of those responding indicated that they liked the Navy or felt its overall benefits to be to their advantage.

(25) Only a nominal number indicated that they had experienced autocratic treatment or lack of understanding from non-medical officers. Those who indicated such treatment also indicated for

he most part that this had little or no effect on their decision to emain in the service.

(26) It is felt that this survey has clearly indicated he feelings of a sizeable sample of the doctors themselves. There is very indication from their response that most of the doctors could be ersuaded to make the Navy their career if prompt, reasonable, and ustified corrections to the Medical Officer career program were in- tituted. Fair and equitable pay increases based on any one of the ethods proposed in this paper could provide the incentive for a ontinued strong, dynamic, and highly effective Navy Medical Corps. ducation on the part of command, administrative, and ancillary medi- al personnel would also do much to allay many of the minor disadvantages ited in this study. These views have been presented by the doctors hemselves, and have, to a large degree, been corroborated by outside uthority listed in the bibliography.

PART B:

An adequate conclusion could not be achieved without a brief discussion of the Navy doctor himself.

While most Naval officers embark upon a Navy career at an early age, usually in their very early twenties, the Navy doctor comes into the service in his middle twenties, sometimes even later. He is mature, highly motivated in the profession of his choice, extremely intelligent, and well qualified to assume his role in the most distinguished ranks of the medical profession.

Many young doctors enter the service facing the stark economic realities of life from the very beginning. The cost of their

medical education has, in numerous instances, placed them in positions of financial indebtedness to a considerable depth. They are several years behind their equivalent age group in past earnings. It has been estimated by many doctors that their break-even point in financial progress is not reached for several years after entering practice.

An additional challenge presents itself early in most medical careers. We are in the age of specialization in medicine and many doctors feel the need for advanced training in a specialty of their choice. This training encompasses a period of three to four years of intensive work and study, culminating in a series of exhaustive and comprehensive examinations prior to certification by the examining American Medical Board.

It should also be mentioned here that it is usually during this period that most doctors marry and begin to raise their families.

It is during these early years in Navy medicine that the doctor makes his ultimate decision regarding the Navy as a career. The Navy now offers an excellent and financially generous training program, as the survey attests. It is toward the future beyond this point that the doctor weighs his decision. If the Navy has succeeded in selling itself to him, it gains a fine career officer. If not, a great personal and financial loss is experienced.

Lest the impression be gained that all of the valuable training has been a one-sided transaction, it should be emphasized that during this entire period, including the internship and residency training, the doctor has practiced active medicine in every way, and has

"pulled his weight" along with the rest.

In discussing the physician, military or civilian, we should recognize certain inherent qualities in an individual who becomes a doctor of medicine. As with highly trained and gifted scientists, the physician has been taught throughout his career to be individualistic, critical, and questioning in approach. In some cases, non-conformity becomes an asset. Creative accomplishment and continual progress in his field are all-pervasive goals in life. It is in such an atmosphere that most doctors find their greatest satisfaction. As a result, their feeling of significance tends to lie in the primary field of their competence, medicine, rather than in being a part of an overall organization. It therefore requires the maintenance of a delicate balance between the military and professional aspects of Navy medicine. It becomes essential to recognize those military requirements germane to the issue and to merge these into an equitable and acceptable part of the practice of military medicine. If this can be accomplished successfully, we have set the stage for a vastly improved medical officer retention program.

The question then becomes one of retaining the talents and loyalties of these highly trained, well-qualified physicians and surgeons at this point in their careers -- the point at which the Navy can ill afford to lose them.

It might be well to again express the point that the military service, as most of these individuals see it, is relatively a peacetime organization, and the motivating factors of service to country and patriotism have not been brought home in a serious and

significant manner. As a result, their decision is to them basically one of selecting a way of life best suited for themselves and for their families.

As several of the doctors pointed out in their comments, their decision is not based on purely economic motives, but is affected by many other factors. As mentioned above, in most cases, the desire to dedicate themselves to the practice of medicine and the succor of mankind in the best possible way is uppermost in their minds. Add the desire to serve their country well as an additional factor. Then consider the need to provide the best possible life for their families based on their ability to so provide. As we can see, there is much more to becoming a career Navy medical officer than meets the eye.

In the final analysis then, are we not faced with the problem of determining whether a concept of "fairness" rather than "equality" should be adopted in resolving the retention problem? In the present "personal rank" concept of assigning military pay, perhaps the emphasis on equality places undue weight upon the average rather than the gifted or scarce individual. In all fairness, if such a person is worth more, should this not be recognized? It is to this end then, that we should address ourselves.

APPENDIX

NAVY MANAGEMENT SCHOOL
U.S. NAVAL POSTGRADUATE SCHOOL
MONTEREY, CALIFORNIA

Dear Doctor:

As a Medical Service Corps Officer, and as a student at the Navy Management School, I am conducting a public opinion survey among Naval Medical Officers in an effort to obtain your personal opinions, observations, and recommendations regarding possible ways and means for making the Navy a more desirable career for doctors.

I feel that no better source for information of this nature exists than you yourself. Your reply to the attached short questionnaire will be compiled, statistically evaluated, and submitted for possible use by the Assistant Secretary of the Navy (Personnel and Reserves) in revising the Naval Medical Officer career program. The survey itself is being conducted at the Secretary's request through the auspices of the Navy Management School.

Your frank, direct, and forthright comments are urgently solicited. You need not sign the reply, and all individual information will be treated with strictest confidence. Please use the enclosed self-addressed envelope in returning the form. No postage is required.

Thank you for your kind cooperation in this important matter.

Please check the appropriate answer:

1. I am a Reserve_____, Regular _____, Navy Medical Officer.

2. I am currently serving in the following status:

_____Intern

_____Resident

_____Board Qualified or certified

_____Other (Please specify).

3. I presently feel as follows about making the Navy my career:

_____I plan to make the Navy a career.

_____I do not plan to make the Navy a career.

_____I have not yet may my decision.

I have served the following number of years active Naval Service as a Naval Medical Officer:

_____ 0 - 3 years.

_____ 3 - 10 years.

_____ 11 - 20 years.

_____ Over 20 years.

Please indicate in order of preference those inducements which you feel require revision in order to make the Navy a more desirable career:

_____ Regular Pay.

_____ Incentive Pay.

_____ Retirement Benefits.

_____ Promotional Opportunities.

_____ Training Opportunities (Residency, Intern).

_____ Professional Practice Opportunities.

_____ Prestige as a Naval Officer.

_____ Other. (Please clarify below).

6. Please comment at this point regarding recommended revisions to present inducements which you feel would encourage you as well as other medical officers to make a career of the Navy; (If you feel pay to be a factor, please indicate the salary you feel capable of earning in current civilian practice).

7. In your opinion, how does life in general as a civilian physician compare with that available to the career Medical Officer in the Navy? Consider here such factors as retirement benefits, training opportunities, etc., in making your reply:

_____ Unfavorably.

_____ Favorably.

_____ Don't know.

8. On what premise did you base your last answer? Please briefly state your reasons for answering as you did:

9. Please indicate in order of degree the disadvantages you feel to be most severe in the life of a Naval Medical Officer and his family:

_____ Frequent moves.

_____ Separation from family.

_____ Poor career planning.

_____ Lack of professional freedom, if any.

_____ Insufficient pay.

_____ Poor promotional opportunities.

_____ Other. (Please indicate specifically).

10. Based on your reply to the last question, please indicate your opinions and beliefs concerning means whereby any specific disadvantages could be mimimized or removed to the point where more Medical Officers would favorably consider the Navy as a career. Please bear in mind, however, that any revisions would of necessity be tempered by consideration for their effect on the morale and welfare of the Navy as a whole.

11. As a Navy Medical Officer, have you experienced autocratic treatment or lack of understanding in your dealings with non-medical officers?

_____ Yes

_____ No

_____ Don't know

12. If you answered "yes" to the last question, did this effect your decision as to making the Navy a career?

_____ Yes

_____ No

_____ Don't know

13. There have been suggestions in the past to the effect that civilian doctors could replace the Navy Medical Officer. Do you think such a plan could be made to work?

_____ Yes

_____ No

_____ Don't know

14. Please comment regarding your reply to the last question:

15. Why have you remained in the Naval Service as long as you have?

_____ To complete obligated service. (For training received).

_____ To complete obligated service. (Military obligation).

_____ Because I like the Navy.

_____ Because I feel its overall benefits are to my advantage.

_____ Don't know.

_____ Other.

16. Please comment regarding your answer to the last question, if you feel that clarification is in order:

17. Please indicate here any comments, opinions, or recommendations concerning workable revisions to the Naval Medical Officer career program which would influence you in considering the Naval Service as a career:

Please utilize the enclosed franked self-addressed envelope for convenience in returning this form. There is no need to sign your name. Thank you again for your very kind cooperation in this regard. Your sincere efforts may well prove a constructive influence on the future of the Navy Medical Corps.

Sincerely,

A. J. SCHWAB, LCDR, MSC, USN

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